FILED FEB	1 / 1050				ICATE O			<u>.</u>	ログロ
	14 1990	SIAN	DAKD		•			File No	/ 6 /
BIRTH NO		REG. DIS	T. NO	128.		. DIST. NO.20		rar's No.	06
1. PLACE OF DEA	TH				2. USUAL a. STATE		(Where deceased live b. COUI	ITV	
a. County Gre	ene				a. SIRIE	Missouri		''' Gre	ene
b. CITY (If outside cor	porate limits, write R			ENGTH OF Y (in this place)	di OR		nits, write RURAL and	give town	•
TOWN Spri	ngfield			Day	TOWN	Springfie	<u>ld</u>		
d. FULL NAME OF (I HOSPITAL OR INSTITUTION	u not in hospital or it O'Reilly V			or location)	d. STREET ADDRESS		al. give location) : Walnut St	reet	
3. NAME OF	a. (First)	1.03	b. (Mid	ile)	c. (Li		- 7	Month)	(Day) (Y
DECEASED (Type or Print)	Richard				WILL	TAMS	OF DEATH Feb	-	4. 195
	COLOR OR RACE	7. MARRIE	D. NEVER	MARRIED, ED (Specify)	8. DATE OF		9. AGE (In year	IF UNDER (YEAR IF UNDE
Male O W	hite	Marr		LD (Specify)	Septembe	er 12,189	5 54	Months	Days Hours
10a. USUAL OCCUPATIO	N (Give kind of work			ESS OR IN-		CE (State or foreig		·	12. CITIZENO
done during most of workin		- <u>-</u> .		DUSTRY	Republic	c, Missou	ri - 🕖		COUNTRY!
13a. FATHER'S NAME		13/	b. MOTHER	R'S MAIDEN			AME OF HUSBAND	OR WIFE	
Unknown	_	1	U	nknown		May	Williams		
IS. WAS DECEASED EVER			5. SOCIAL	SECURITY	17. INFOR		NATURE OR NA	WE	ADDR
Yes. no. or unknown) (III;	yes, give war or dates WW T	of service)		NO.	Reill	VAH Reco	rds, Sprin	gfield	d. Mo.
18 CAUSE OF DEATH		· ,			CERTIFICAT				INTERVAL BE
Enter only one cause per	1. DISEASE OR C DIRECTLY LEAD	ONDITION ING TO DEAT	H*(a) ME	lignan	cy of th	e Mouth a	nd Pharynx	with	
line for (a), (b), and (c)			ob		ions of				
*This does not mean the mode of dying, such	ANTECEDENT C. Morbid condition		DUE TO	(b)		•			
as heart failure, asthenia,	rise to the above of the underlying car	a, ij any givii rause (a) statin	ig DOL .C						
eic. It means the dis- ease, injury, or complica-	the undertying car	nse met.	DUE TO	(c)					
tion which caused death.	II. OTHER SIGNI	FICANT CONT	DITIONS					· · ·	1.1.11
	Conditions contri- related to the disco	buting to the de	ath but not causing de	nth.					1441
19a. DATE OF OPERA-	19b. MAJOR FIN				·				20. AUTOPS
TION									YES .
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF			21c. (CITY, To	OWN, OR TOWNS	HIP) (CO	UNTY)	(STATI
21d, TIME (Month)	(Day) (Year)	(Hour) 21e.		OCCURRED	21f. HOW DIE	INJURY OCCUP	27		
OF INJURY				OT WHILE		-			
22. I hereby certify to	hat attended				19 50	to Feb. 4	, 19_50_, 30	DOK K MAR	COMPANIE CHE
- 10mcmccccxx					7:00 Am	, from the cau	ses and on the d	ate stated	above.
ZIL BIGNATURE	, 11	 	(Des	ree or title)	23b. ADDRES	S			23c. DATE S
LAW WILL	JE MD MCI	hief Pro Servi	ofessi	.onal	O'Reil Spring	LY VA HOS	pital ssouri	1	eb.4.1
ZAC, BURIAL, CREMA-		12	NAME (OF CEMETER	OR CREMAT		ATION (City, too	n, or coup	
TION, REMOVAL (Budget)	12/6/1	950 6	den	n Om	eeh	Lhe	eene Gou	uter	in
DATE REC'D BY LOCAL	REGISTRAR'S	SIGNATURE		111.0	25 FUNERAL		BIGNATURE	1/19	ORE SO
/ A DEC	/ مصنا	n /	4 //	• • // >-		- 1/	// //	17 //	
ユ ームー56゚	12117	Jan a	dlus.	624 N_	Janes .	en-Si	tands -	10H A	10/1/

STATEMENT BY LICENSED EMBALMER

		•
I hereby certify that the body whose name is recorded on the reverse side of this c	certificate was embalmed by me, or	by
	Student Embalmer No	
vorking under my personal supervision.		•

working under my personal supervision.

Signed Jarry Cyre

Student Embalmer

Licensed Embalmer No. 1997

(Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.